

Commissioning Statement for PRESCRIBING OF ALLERGY TREATMENTS FOR HAYFEVER IN PRIMARY CARE

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Prescribing of allergy treatments for hayfever on FP10 prescriptions in Primary Care within Norfolk and Waveney ICS is not routinely supported and therefore recommended as

OTC: Recommended to buy over the counter as considered self-care

Green: Recommended for Prescribing and Initiation in Primary Care for Chronic / Persistent Allergies

Background

Norfolk and Waveney ICB support the prescribing of certain allergy treatments for hayfever. A prescription for treatment of mild to moderate hay fever **will not** routinely be offered in primary care as the condition is considered **appropriate for self-care**. This position is supported by NHS England guidance on items which should not routinely be prescribed in primary care.

Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms can relieve symptoms with OTC treatments recommended by a pharmacist.

This position is supported by NHS England as part of conditions for which over the counter items should not routinely be prescribed in primary care¹.

Recommendations

Advice to **ALL patients** –

- **Think Pharmacy First**
- Give allergen avoidance lifestyle advice
- In most instances, patients can be directed to self-purchase first line treatments for mild to moderate seasonal hay fever and allergic rhinitis; an FP10 should not routinely be issued for products available OTC
- Most can be purchased over the counter for all patients unless specifically excluded on OTC product license³

Examples of products available to buy include²:

<p>Antihistamine tablets and syrup</p> <p>Generally effective at controlling symptoms of hayfever.</p>	<p>Antihistamines are more effective if they are taken before symptoms start rather than after. Some older antihistamine tablets such as chlorphenamine can cause drowsiness.</p> <p>Newer antihistamines are unlikely to cause drowsiness and include cetirizine, loratadine, and acrivastine. If you drive or operate machinery ask the community pharmacist which tablets would be best for you.</p>
<p>Nasal sprays</p>	<p>Steroid nasal sprays suppress the allergic reaction and inflammation of hayfever and take about 3 days to work. They are best started</p>

Useful if you suffer nasal symptoms and can be used instead of, or in addition to, antihistamine tablets.	before the hayfever season begins and used throughout the season even if symptoms have improved. Antihistamine nasal sprays can be useful for people who have symptoms now and again. Nasal decongestant sprays are useful if you suffer from a blocked nose, however they can only be used for 7 days as longer use can cause rebound congestion and block your nose up again. You may find inhalants (eucalyptus, menthol and Olbas Oil) helpful to ease blocked and stuffy noses.
Eye drops	If eye symptoms are not controlled by oral antihistamines, eye drops containing sodium cromoglicate may be useful. If you wear contact lenses you should check with a community pharmacist or your optician before using eye drops.
Other useful treatments	Simple pain relief (e.g. paracetamol or ibuprofen) can help with headaches and sinus pain. Throat lozenges can help ease tickly throats and palates. Decongestant tablets should relieve blocked noses.

Details of locally agreed formulary options can be found in [Netformulary](#)

Patient Considerations²

Patients should see a GP when:

- experiencing wheezing, breathlessness or tightness in the chest.
- pregnant or breastfeeding.
- symptoms are not relieved by over the counter treatments in combination with measures to reduce exposure to pollen.

Referral may be required where there are persistent symptoms or symptoms of concern which are not relieved by simple measures and/or OTC treatments.

Prescribing information

Providers commissioned to provide services on behalf of Norfolk and Waveney ICB are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

Monitoring of Prescribing

Data on the use of these treatments will be supplied monthly as part of your data pack. If you have any queries, please email nwcb.medsqueries@nhs.net with 'service restriction policy' in the subject line.

References

1. Items which should not routinely be prescribed in primary care: Guidance for CCGs, June 2019
<https://www.england.nhs.uk/medicines-2/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/>
2. Self care hayfever PIL – PrescQIPP - <https://www.prescgipp.info/our-resources/bulletins/archived-publications/bulletin-84-self-care-antihistamines-and-hayfever-archived/> - accessed 8/8/23
3. [227. Over the counter items \(prescgipp.info\)](#)

Title	Commissioning Statement for Allergy Treatments for Hayfever Prescribing in Norfolk and Waveney ICS
Description of policy	<i>To inform healthcare professionals</i>
Scope	<i>Norfolk and Waveney Integrated Care System</i>
Prepared by	Norfolk and Waveney ICB Medicines Optimisation Team
Impact Assessment (Equalities and Environmental)	<i>Please indicate impact assessment outcome: Positive impact</i>

	<p><i>Adverse impact - low - action plan completed as per guidance</i></p> <p><i>Adverse impact - medium - action plan completed as per guidance</i></p> <p><i>Adverse impact - high - action plan completed as per guidance</i></p> <p><i>No impact</i></p> <p>No policy will be approved without a completed equality impact assessment</p>
Other relevant approved documents	<p>Items which should not routinely be prescribed in primary care: Guidance for CCGs, June 2019</p> <p>https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</p>
Evidence base / Legislation	<p>Level of Evidence:</p> <p><i>A. based on national research-based evidence and is considered best evidence</i></p> <p>B. mix of national and local consensus</p> <p><i>C. based on local good practice and consensus in the absence of national research based information.</i></p>
Dissemination	<p>Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/></p>
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0.2	MO Team	To support prescribing in primary care	Oct 2023